FINAL OUTBREAK REPORT

> This form should be used by the local health department at the conclusion of an outbreak investigation to report the final results of their investigation to the California Department of Health Services TB Control Branch. For the purposes of reporting, a TB outbreak is defined as the transmission of TB in any setting that results in 3 or more related cases.

1. a. **Total number of outbreak cases identified:**
    Adults:_____   Children (<18 y.o.):_____

   b. **Total number of MDR-TB* cases:**
    Adults:_____   Children (<18 y.o.):_____

   c, **Setting: (check all that apply)**
    ❑ Community   ❑ Daycare   ❑ Dialysis center   ❑ Drug treatment center ❑ Homeless shelter
    ❑ Hospital   ❑ Jail   ❑ Nursing home   ❑ Prison   ❑ School/college
    ❑ Worksite (specify)_____ ❑ Household   ❑ Other (specify)_____

   d. **Population: (check all that apply)**
    ❑ Children (<5 y.o.)   ❑ Elderly (> 65 y.o.)   ❑ Homeless
    ❑ IV drug users   ❑ Migrant workers   ❑ Immunocompromised
    ❑ Other (specify)_____

   Outbreak location and timeframe:
   a. State_____ ❑ Check if multi-state
   b. County_____ ❑ Check if multi-county

   c. Outbreak timeframe: Date that first outbreak case was diagnosed _____ /_____/_____
                          Date that last outbreak case was diagnosed _____ /_____/_____

3. **Outbreak cases related by:**
    ❑ Epidemiologic link   ❑ Isolates with matching genotypes$^{\psi}$ ❑ Both

4. **Total number of:**
                   Contacts identified: _____
                   Contacts evaluated with tuberculin skin testing (TST)_____
                   Contacts diagnosed as converters^{+}−_____
                   Contacts diagnosed with latent TB infection_____

5. **Please list RVCT case numbers associated with this outbreak:**_____,
    _____, _____, _____,
    _____, _____, _____,
    _____, _____, _____,
    _____, _____, _____,

6. **Agency reporting this outbreak**:_____
    Contact Person:_____   Address:_____
    Phone:_____   Fax:_____
    E-mail:_____   Date of completion of this form: ___/___/___

*MDR-TB is defined as an isolate that is resistant to both isoniazid and rifampin
$^{+}$Person with a documented negative skin test in the previous two years who has increase $\geq$ 10 mm upon TST
$^{\psi}$Identical band patterns on spoligotyping or restriction fragment length polymorphsim (RFLP) analysis

Comments:_____

Mail or fax to: TB Outbreak Response Officer, Tuberculosis Control Branch,   1
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